

**PERCEPTION OF VIOLENCE AGAINST DOCTORS AMONG MEDICAL STUDENTS**Antaraa Bhattacharya<sup>1</sup>, Devesh Bafna<sup>2</sup> and Dr. Srabani Bhattacharya<sup>3\*</sup><sup>1,2</sup>MBBS Student, Rajiv Gandhi Medical College and Chhatrapati Shivaji Maharaj Hospital, Thane-400 605, Maharashtra, India.<sup>3</sup>Professor and Head of Physiology Department, Rajiv Gandhi Medical College and Chhatrapati Shivaji Maharaj Hospital, Thane-400 605, Maharashtra, India.**\*Corresponding Author: Dr. Srabani Bhattacharya**

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**ABSTRACT**

This cross-sectional study was conducted among 225 participants of either gender. Among the participants Male=49.33% and Female=50.67%. Their age was between 18 yrs-33yrs. (18yrs=13.33%, 19yrs=30.67%, 20yrs=24.89%, 21yrs=16.89%, 22yrs=5.78%, 23yrs=2.67%, 24yrs=3.55%, 25yrs=0.89%, 28yrs=0.89%, 33yrs=0.44%) 86.67% from Urban area and 13.33% from rural area. Among the participants 39.55% had seen workplace violence, 4% experienced it and 1.78% seen and experienced. Maximum was verbal abuse (41.3%). 'Violence has increased' was agreed by 84% of participants. 'Work place violence is more in India than other countries' was agreed by 96.9% participants. About 91.6% participants agreed that there has been 'lack of government support'. The increasing violence was attributed to 'weakness of law' by 57.3% for doctor-related issues and 44.9% participants reported 'poor knowledge of health-related issues' for patient-related issues.

**KEYWORD:** Workplace Violence, Violence against doctors, Doctor related issues, Patient related issues.**INTRODUCTION**

Workplace violence has been defined as violent acts, including physical assaults and threats of assault, directed towards persons at work or duty.<sup>[1]</sup> Healthcare workplace violence has emerged as a serious threat to the doctor-patient relationship all over the world during recent decades. According to the WHO framework Guidelines (2002), workplace violence is defined as the situation where the staff are ill-treated. Compared to all other workers, workplace violence seen in healthcare worker is four time higher.<sup>[2]</sup> Workplace violence is an act of aggression, physical assault or threatening behaviours that occur in a work setting and causes physical or emotional harm to an employee.<sup>[3]</sup>

The increasing incidences of violence against doctors have been reported in the past and are also being continuously reported from different parts of the country as well as the world.<sup>[4]</sup>

**MATERIALS AND METHODS**

This cross-sectional study was conducted in Maharashtra, India. It was conducted by administering a pre-tested and pre-validated questionnaire via Google

forms. The participants were 18yrs and above, of both male and female gender. Those who consented to take part in the present study were included. Statistical analysis was adapted to Microsoft excel spreadsheet (Microsoft Corporation, Redmond, WA, USA).

**Table 1: Age distribution.**

Characteristics	No of Participants (Out of n=225)	%
Age		
18	30	13.33
19	69	30.67
20	56	24.89
21	38	16.89
22	13	5.78
23	6	2.67
24	8	3.55
25	2	0.89
28	2	0.89
33	1	0.44

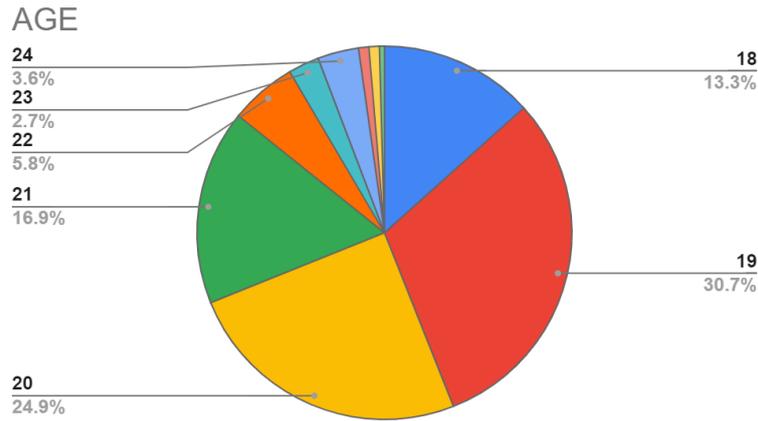


Fig 1: Age distribution.

Table 2: Gender-wise distribution.

Gender	No of Participants (Out of n=225)	%
Male	111	49.33
Female	114	50.67

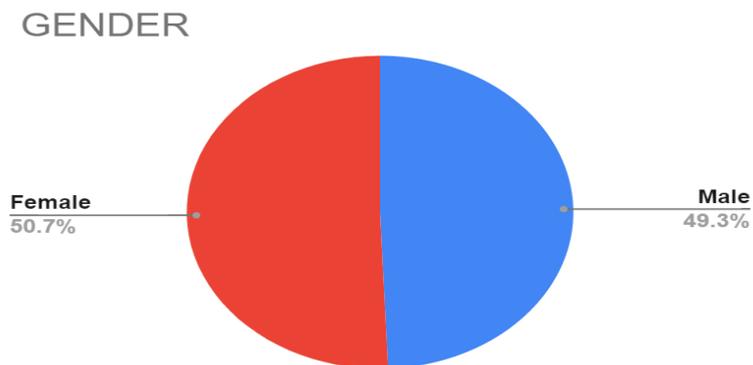


Fig. 2: Gender-wise distribution.

Table 3: Residence distribution.

Residence	No of Participants (Out of n=225)	%
Urban	195	86.67
Rural	30	13.33

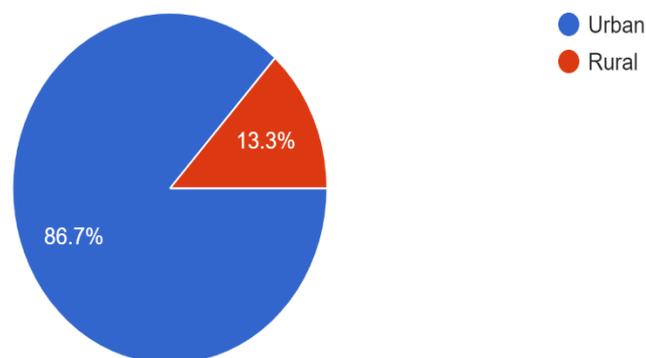
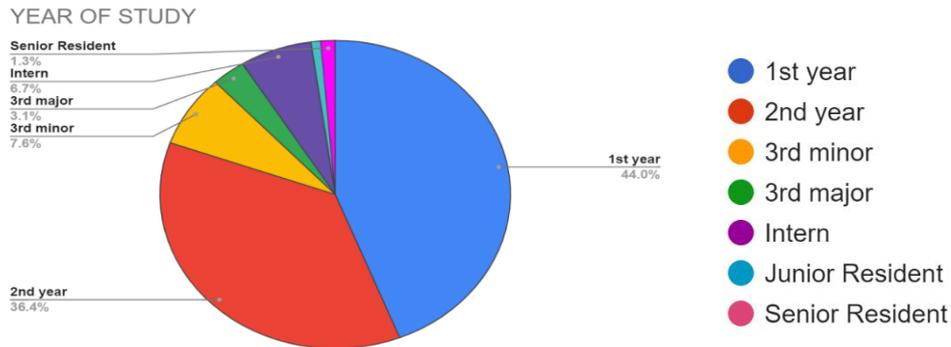


Fig. 3: Residence distribution.

**Table 4: Distribution based on year of study.**

Year of study	No of Participants (Out of n=225)	%
1st year	99	44
2nd year	82	36.44
3rd minor	17	7.56
3rd major	7	3.11
Intern	15	6.67
Junior Resident	2	0.89
Senior Resident	3	1.33



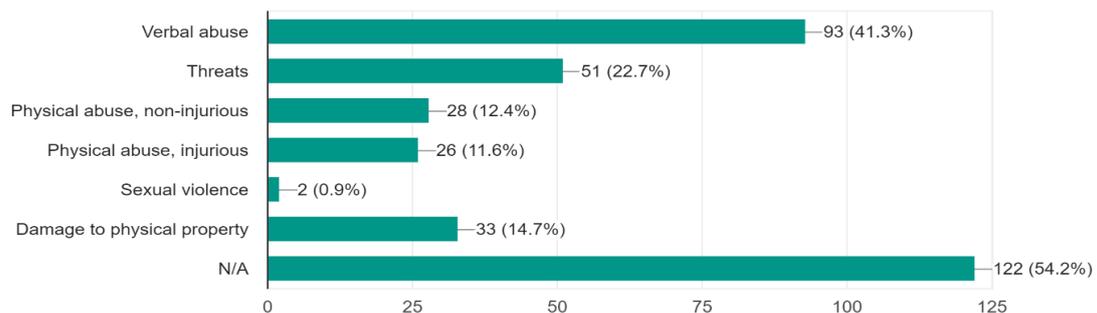
**Fig. 4: Year of study.**

**Table 5: Experience with violence.**

Have you ever seen/experienced workplace violence against doctors?	No of Participants (Out of n=225)	%
Yes, I have seen it	89	39.55
Yes, I have experienced it	9	4
I have seen and experienced it	4	1.78
No, I have not	123	54.67

**Table 6: Type of violence.**

If yes, which type?	No of Participants (Out of n=225)	%
Verbal abuse	93	41.3
Threats	51	22.7
Physical abuse, non-injurious	28	12.4
Physical abuse, injurious	26	11.6
Sexual violence	2	0.9
Damage to physical property	33	14.7
N/A	122	54.2



**Fig. 5: Type of violence faced.**

## 7) Overall perception on Violence against Doctors

Table 7A:

Do you think violence has increased in the past few decades?	No of Participants (Out of n=225)	%
Yes	221	98.2
No	4	1.8

Table 7B:

What do you feel about the reports on violence against doctors?	No of Participants (Out of n=225)	%
Exaggerated	189	84
Underreported	27	12
Reported correctly	9	4

Table 7C:

Do you think India experiences more workplace violence compared to other countries?	No of Participants (Out of n=225)	%
Yes	219	96.9
No	7	3.1

Table 7D:

Do you think the medical profession faces more violence than other professions?	No of Participants (Out of n=225)	%
Yes	203	90.2
No	22	9.8

Table 8: CPA awareness.

Are you aware that health care service has been made a part of the Consumer Protection Act (CPA), making healthcare a 'service'?	No of Participants (Out of n=225)	%
Yes	128	56.9
No	97	43.1

Table 9: Government support.

Do you feel there has been lack of government support and swift action taken after such events?	No of Participants (Out of n=225)	%
Yes, there hasn't been adequate action taken	206	91.6
No, the government has taken necessary steps	19	8.4

Table 10: Opinion on proposal.

The Indian Medical Association recently asked for hospitals to be classified as a protected zone, in order to prevent violence. Do you think the proposal will be accepted?	No of Participants (Out of n=225)	%
Yes	63	28
No	28	12.4
Can't say	134	59.6

Table 11: Punishment efficacy.

Do you feel the punishment (non-bailable, fine of Rs 50,000 and 3-years jail) for assault against doctors is enough	No of Participants (Out of n=225)	%
Yes, it is adequate	145	64.4
No	48	21.3
Depends on the severity of assault	32	14.2

**Table 12: Execution of punishment.**

Do you feel the punishment given above is being effectively executed?	No of Participants (Out of n=225)	%
Yes	209	92.9
No	16	7.1

**13. Reasons for increasing violence against doctors****Table 13: A) DOCTOR related issues.**

Sr. No	Reason for violence	N=225 (n%)				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Lack of communication among doctors towards the patient and their relatives	8(3.6%)	35(15.6%)	62(27.6%)	98(43.6%)	22(9.8%)
2	Weakness of the law that governs violence against doctors	2(0.9%)	4(1.8%)	4(1.8%)	86(38.2%)	129(57.3%)
3	Poor hospital Security	3(1.3%)	3(1.3%)	19(8.4%)	109(48.4%)	91(40.4%)
4	Reduced time per patient due to workload	6(2.7%)	13(5.9%)	28(12.6%)	104(46.8%)	71(32%)
5	Poor Training of Doctors	28(12.4%)	96(42.7%)	64(28.4%)	30(13.3%)	7(3.1%)
6	Poor funding of hospitals leading to lack of emergency resources	2(0.9%)	9(4%)	23(10.2%)	105(46.7%)	86(38.2%)
7	Misbehaviour of the Doctor	27(12%)	83(36.9%)	80(35.6%)	33(14.7%)	2(0.9%)

**Table 13: B) PATIENT related issues.**

Sr. No	Reason for violence	N=225 (n%)				
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	Unrealistic expectations from doctors by their patients	4(1.8%)	8(3.6%)	16(7.1%)	104(46.2%)	93(41.3%)
2	Negative portrayal of doctors in the media	3(1.3%)	23(10.2%)	23(10.2%)	105(46.7%)	71(31.6%)
3	Increasing access to internet services	2(0.9%)	25(11.1%)	47(20.9%)	101(44.9%)	50(22.2%)
4	Poor knowledge of health-related issues	1(0.4%)	1(0.4%)	12(5.3%)	110(48.9%)	101(44.9%)

**Table 14: Psychosocial impact.**

Sr. No	Psychosocial impact	1st year (N=99)	2nd year (N=82)	3rd minor (N=17)	3rd major (N=7)	Intern (N= 15)	Junior Resident (N=2)	Senior Resident (N=3)
1	Experiencing loss of self-esteem and shame	49 (49.49%)	39 (47.56%)	6 (35.29%)	3 (42.86%)	6 (40%)	1 (50%)	2 (66.67%)
2	Feeling stress/depression/anxiety at the idea of persecution	53 (53.53%)	53 (64.63%)	11 (64.71%)	6 (85.71%)	12 (80%)	2 (100%)	0
3	I am showing increased aggressiveness towards patients	19 (19.19%)	8 (9.76%)	2 (11.76%)	0	1 (6.67%)	0	0
4	Avoid/miss work & loss of productivity and income	15 (15.15%)	15 (18.29%)	3 (17.64%)	1 (14.29%)	3 (20%)	0	0
5	Loss of faith in the profession	47 (47.47%)	47 (57.32%)	15 (88.24%)	5 (71.43%)	9 (60%)	1 (50%)	1 (33.33%)
6	I am avoiding social gatherings/ social disruption	11 (11.11%)	4 (4.88%)	3 (17.64%)	1 (14.29%)	2 (13.33%)	0	0
7	I had to change my place of work/shift to another place	N/A	3 (3.66%)	0	0	0	0	0

8	I am engaging in risky behaviour and substance abuse	7 (7.07%)	2 (2.44%)	0	0	0	0	0
9	No impact	7 (7.07%)	5 (6.1%)	0	0	0	0	1 (33.33%)

**Table 15: Department facing most violence**

Which Department/ Specialty do you think faces most violence?	No of Participants (Out of n=225)	%
Medicine	87	38.67%
Surgical	128	56.89%
Emergency Care	196	87.11%
OB/GYN	62	27.56%
Paediatrician	48	21.33%
Psychiatrist	19	8.44%

**Table 16: Effect of violence on career choices**

Do you feel the increasing violent attacks in a particular specialty may affect your choosing that specialty in future, steering towards supposed 'safer' ones?	No of Participants (Out of n=225)	%
Yes	126	56%
No	27	12%
Can't say yet	72	32%

**Table 17: COVID-19 effect.**

Do you feel COVID-19 has affected the situation more negatively, increasing instances of assault?	No of Participants (Out of n=225)	%
Yes	214	95.10%
No	11	4.90%

**Table 18: Setting of violent act.**

Which of the following cases do you think are more likely to be met by violence?	No of Participants (Out of n=225)	%
Death Disclosure	186	82.67%
Payment of fees	108	48%
Emergency care/ICU	127	56.44%
Long waiting time	122	54.22%
Critical condition of patient	159	70.67%
Administrative failures i.e., infrastructure, bed availability	161	71.56%
Internet and social media knowledge	4	1.78%

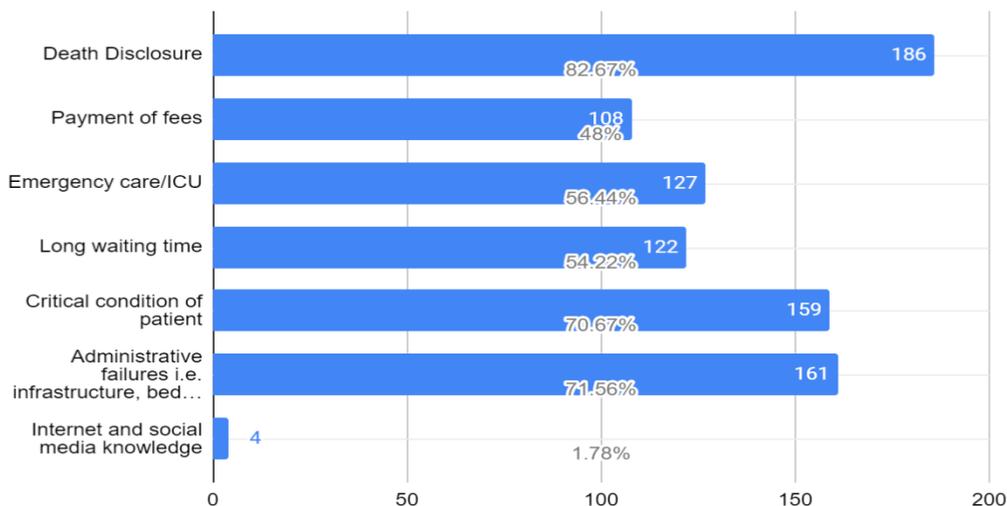


Fig. 6: Most likely cases met by violence.

Table 19: Reporting of incident.

If you ever experience or have experienced workplace violence, will you or have you reported the incident?	No of Participants (Out of n=225)	%
Yes, to the police	84	37.30%
Yes, to a more senior professional/hospital administration	113	50.20%
No	28	12.40%

Table 20: AETCOM perception.

Do you think the recent changes in the Indian Medical curriculum, to include lessons on Attitude, Ethics and Communication (AETCOM) will help reduce violence against doctors?	No of Participants (Out of n=225)	%
Yes	145	64.40%
No	80	35.60%

Table 21: Reasons for inefficiency of AETCOM.

If no, why won't AETCOM help?	No of Participants (Out of n=225)	%
Doesn't train/educate patients and relatives about limitations of doctors	52	65%
More practical knowledge is needed/improvement in curriculum	7	8.75%
Should include self defence	4	5%

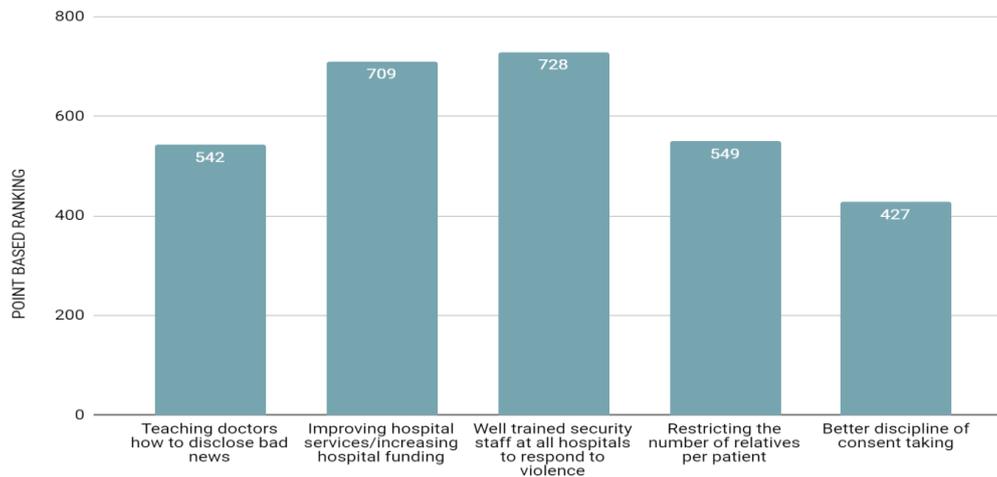
Table 22: Self defence.

Do you think self-defence must be taught regularly at medical colleges?	No of Participants (Out of n=225)	%
Yes	190	84.40%
No	35	15.60%

Table 23: Solutions to decreasing violence.

Which of the following do you think will decrease the incidence of violence against doctors?	No of Participants (Out of n=225)	%
1. Teaching doctors how to disclose bad news	166	73.78%
2. Improving hospital services/increasing hospital funding	182	80.90%
3. Well trained security staff at all hospitals to respond to violence	202	89.78%
4. Restricting the number of relatives per patient	161	71.60%
5. Better discipline of consent taking	155	68.90%

23. From the above table, the options selected by participants ranked by them in order of importance.



**Fig 7: Importance of each option to prevent violence.**

*POINT SYSTEM: Rank 1- 5 points, Rank 2- 4 points... Rank 5- 1 point.*

*Ranking provided in each response was assigned points accordingly and the graph was plotted with choices and their respective importance in terms of points.*

## RESULTS AND DISCUSSION

The total participants in the study were 225. The age of the participants ranged from 18yrs to 33yrs. Among them 49.33% were male participants and 50.67% were female. Among the medical students participating, 39.55% reported that they have seen workplace violence against doctors and 4% of them have experienced it. 41.3% of the medical students reported about verbal abuse, 22.7% of them reported verbal threats, 11.6% injurious physical abuse, 12.4% reported non-injurious physical abuse, 0.9% reported sexual violence and 14.7% damage to physical property.

Amandeep Kaur and others<sup>[5]</sup> reported that workplace violence has a significant effect on doctors and on patient management too. It may lead to a self-propagating vicious cycle and the incidences in India seem to be increasing.<sup>[6]</sup>

In the present study 96.9% of the participants agreed that India experiences more workplace violence compared to other countries. Neeraj Nagpal,<sup>[7]</sup> revealed that small and medium private healthcare establishments, which provide bulk of healthcare services are isolated, disorganised and vulnerable to violence.

The study of Sandeep Grover & others.<sup>[8]</sup> suggested that a significantly higher proportion of doctors in the Indian setting experience stress, depression and burnout. In the present study, the majority of the students reported that they feel stressed. 1<sup>st</sup> Year=53.53%, 2<sup>nd</sup> Year=64.63%, 3<sup>rd</sup> Minor=64.71%, 3<sup>rd</sup> Major=80%, Junior Resident=100%, Senior Resident=0%. Medical students reported a loss of faith in the profession, 1<sup>st</sup> Year=47.47%, 2<sup>nd</sup> Year=57.32%, 3<sup>rd</sup> Minor=88.24%, 3<sup>rd</sup>

Major=71.43%, Interns=60%, Junior Resident=50%, Senior Resident=33.33%. As per Debina Roy & others,<sup>[9]</sup> participants felt the need to talk about their worries. The participants agreed that the departments that face the most violence are as follows, Emergency Care=87.11%, Surgical=56.89%, Medicine=38.67%, OB/GYN=27.56%, Paediatrics=21.33%, and lastly Psychiatry=8.44%. Most of the incidents of violence are more commonly experienced in Emergency Care Units<sup>[10,11,12]</sup> In the present study, the medical students that reported that COVID-19 affected the situation more negatively and increased the incidence of assault, were 95.10%. Bhalti et al,<sup>[13]</sup> also reported that according to the International Committee of the Red Cross, attacks on healthcare workers were mainly driven by grievances over the death of COVID-19 patients. Among the participants, 9.8% strongly agreed that lack of communication is one reason for workplace violence, while 90.4% considered poor hospital security as doctor related issues that are reasons for violence in the workplace. 64.4% of participants reported that the punishment of a non-bailable offence, a fine of Rs. 50,000, and 3 years in jail for assaulting doctors is enough, and 92.9% agreed it is being effectively executed. Priya K & others,<sup>[14]</sup> and Liheng et al,<sup>[15]</sup> revealed media sources play an increasingly central role in how citizens understand and relate to their medical providers. 64.4% of medical students participating in the study agreed that Attitude, Ethics and Communication (AETCOM) training will help reduce violence. As per Shruti Sharma et al,<sup>[16]</sup> there is a need for good communication, counselling, empathy and compassion. Regarding patient related issues, 41.3% strongly agreed that unrealistic expectations of doctors by their patients is a contributing issue, while 44.9% thought that poor knowledge of patients about health-related factors is a reason for violence as well. As per Kulkarni et al,<sup>[17]</sup> Sen & Honavar,<sup>[18]</sup> unrealistic expectations are also a part of the low health literacy among patients and their relatives.

**CONCLUSION**

All clinical establishments should develop a Standard Operating Procedure (SOP). Mock drills need to be conducted and each staff member should be clear about his/her role, if the situation of impending or actual violence does arise. There should be employment of an adequate number of doctors, as well as use of technology to prevent long queues, and ensure regular communication with patients. Installation of CCTV Cameras and a zero-tolerance policy towards workplace violence must be enforced.

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